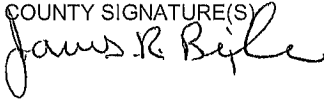
 <p>Washington State Department of Social &amp; Health Services</p> <p><i>Transforming lives</i></p>		<h2>COUNTY PROGRAM AGREEMENT</h2> <h3>Anderson Island Mutual Aid Agreement for Fire Suppression, Emergency Medical Equipment Services and Personnel</h3>		DSHS Agreement Number 1963-56219	
This Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the County identified below, and is issued in conjunction with a County and DSHS Agreement On General Terms and Conditions, which is incorporated by reference.				Administration or Division Agreement Number  County Agreement Number	
DSHS ADMINISTRATION Behavioral Health Administration		DSHS DIVISION Special Commitment Center		DSHS INDEX NUMBER 130371	
DSHS CONTACT NAME AND TITLE Keith Devos Director of Community Services		DSHS CONTACT ADDRESS PO Box 88450 MS W2722  Steilacoom, WA 98388			
DSHS CONTACT TELEPHONE (253)589-6207		DSHS CONTACT FAX Click here to enter text.		DSHS CONTACT E-MAIL keith.devos@dshs.wa.gov	
COUNTY NAME Pierce County Fire District #27 - Anderson Island		COUNTY ADDRESS 12207 Lake Josephine Blvd Anderson Island, WA 98303			
COUNTY FEDERAL EMPLOYER IDENTIFICATION NUMBER		COUNTY CONTACT NAME James Bixler			
COUNTY CONTACT TELEPHONE (253) 884-4040		COUNTY CONTACT FAX (253) 884-4057		COUNTY CONTACT E-MAIL jbixler@pcfd27.com	
IS THE COUNTY A SUBRECIPIENT FOR PURPOSES OF THIS PROGRAM AGREEMENT? No				CFDA NUMBERS	
PROGRAM AGREEMENT START DATE 07/01/2019		PROGRAM AGREEMENT END DATE 06/30/2024		MAXIMUM PROGRAM AGREEMENT AMOUNT No Payment	
EXHIBITS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this County Program Agreement by reference: <input type="checkbox"/> Exhibits (specify): No Data Security Exhibit <input checked="" type="checkbox"/> No Exhibits.					
The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below represent that they have read and understand this Contract, and have the authority to execute this Contract. This Contract shall be binding on DSHS only upon signature by DSHS.					
COUNTY SIGNATURE(S) 		PRINTED NAME(S) AND TITLE(S) James R. Bixler, Fire Chief		DATE(S) SIGNED 07-01-2019	
DSHS SIGNATURE		PRINTED NAME AND TITLE		DATE SIGNED	